

# 2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 18, 2006 8:00 am**  
**Secretary of State**

04-18-2006 90082 047 \*\*\*\*61.25

<b>DOCUMENT # 726945</b> 1. Entity Name 53 ST. JOHNS RIVER CLUB ASSOCIATION, INC.					
Principal Place of Business 2329 RIVER RIDGE ROAD DELAND, FL 32720 US			Mailing Address 2329 RIVER RIDGE RD #4 DELAND, FL 32720 US		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 59-1560408	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For Not Applicable	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
DANIELS, JOAN 2329 RIVER RIDGE RD #4 DELAND, FL 32720				Name ST JOHNS RIVER CLUB ASSO, INC Street Address (P.O. Box Number is Not Acceptable) 432 W NEW YORK AV SUITE A City DELAND FL Zip Code 32720	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE 4/10/06 <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>					
<b>Filing Fee is \$61.25 Due by May 1, 2006</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>Make check payable to Florida Department of State</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P/D MILLS, RICHARD A 2329 RIVER RIDGE RD #11 DELAND, FL 32720	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP WHIGHAM, CHUCK 2329 RIVER RIDGE RD #16 DELAND, FL 32720	<input checked="" type="checkbox"/> Delete		ROBERT SHUFORD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 3329 RIVER RIDGE RD #2 DELAND, FL 32720	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VP GOLATZ, TOM 2329 RIVER RIDGE RD #11 #5 DELAND, FL 32720	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S/T MILLS, MARYLYNN 2329 RIVER RIDGE RD #11 DELAND, FL 32720	<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> Delete		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ DATE 4-10-06 386734-1219 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					

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